

The Living Bank

Uniform Anatomical Gift Act

DONOR INFORMATION FORM

Instructions: When this form is completed and returned to The Living Bank, a donor card will be sent to you to be carried with you at all times. The form and the card are legal documents in all 50 states under the Uniform Anatomical Gift Act and similar laws. You must sign the form and have witnessed by two persons of legal age. Your next of kin is preferred as a witness, to make sure he/she knows of your decision. If you are under 18, a parent or guardian must sign. Federal law prohibits any payment or charge to you for signing this form, and any payment or charge to you or any other entity for your donated organs.

PLEASE TYPE OR PRINT. COMPLETE LINES 1 THROUGH 18.

1. Donor's Full Name: _____
2. Social Security # _____
3. Driver's license or I.D. # _____
4. Date of Birth: _____
5. Mailing Address: _____
6. City: _____
7. State: _____
8. Zip: _____
9. Name of Donor's Next of Kin: _____
10. Relationship: _____
11. Full Address: _____
12. Phone: () _____
13. In the hope that I may help others, I hereby make this anatomical gift, if medically acceptable, to take effect upon my death. The words and marks below indicate my desires.
I give: () Any needed organs and tissues. () Only the organs and tissues listed below:

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14. Directed Donation:
It is my desire to help save a neighbor in Nevada. Please offer my "Gift of Life" first to a resident of Nevada.
() Yes () No

15. Donor's Signature: _____
16. Date Signed: _____
17. Witnessed: _____
18. Witnessed: _____

PLEASE MAIL OR FAX TO:

**THE LIVING BANK
P.O. BOX 6725
HOUSTON, TX 77265
1 (800) 528-2971**

FAX: 1 (713) 961-0979